

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 696650 (1)
1. Corporation Name
MARKETING & MANAGEMENT CORPORATION OF AMERICA

Principal Place of Business 736 6TH STREET WEST TIERRA VERDE FL 33715	Mailing Address 736 6TH STREET WEST TIERRA VERDE FL 33715
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1981	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 59-2112118	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired 17.50 \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	Director
NAME	BAKER, BILLIE P	1.2 NAME	Gordley, Phillip
STREET ADDRESS	736 6TH STREET WEST	1.3 STREET ADDRESS	8615 Via Christina Drive NW
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	Albuquerque, NM 87114
TITLE	VD	2.1 TITLE	Director
NAME	IRVIN, GARY	2.2 NAME	McVicar, Michael
STREET ADDRESS	2510 N.W. 2ND CREEK ROAD	2.3 STREET ADDRESS	5991 S. Rock Creek Drive
CITY-ST-ZIP	SMITHVILLE MO	2.4 CITY-ST-ZIP	Castle Rock, CO 80104
TITLE	PTD	3.1 TITLE	
NAME	BAKER, CARLOS F	3.2 NAME	
STREET ADDRESS	736 6TH STREET WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CHOMKO, RONALD P.	4.2 NAME	
STREET ADDRESS	2508 SOUTH COUNTY ROAD; #15	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRTYHOUD CO	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SIMMONS, MICHAEL, J	5.2 NAME	
STREET ADDRESS	24 ARROWHEAD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITCHFIELD IL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Carlos F. Baker 1-30-98 (813) 866-8363

CR2E034 (1097)